

**CITY OF HARRISONBURG
APPLICATION FOR UTILITY SERVICES**

2155 Beery Rd
Harrisonburg, VA 22801
540-434-9959
540-434-9769 fax

Waterservice@harrisonburgva.gov



**** FOR OFFICE USE ONLY ****

CID#: _____
UTILITY ACCOUNT#: _____
DEPOSIT PAID \$ _____ CK# _____ CASH
LANDLORD Y or N

Businesses requiring water, sewer, and trash service may complete this Service Application online and forward it to the City of Harrisonburg / Public Utilities at the above address. *All applications must be submitted along with a security deposit, which will be applied to your account upon receipt of (12) twelve consecutive on-time payments, or refunded upon account closure, (we reserve the right to apply deposit as final payment as necessary).* The City of Harrisonburg does *not* pay interest on deposits. Deposit must be received prior to account set up. The City of Harrisonburg Public Utilities conducts business in accordance with the City Ordinance (Title 7 Chapters 1-5). For questions or details please visit www.harrisonburgva.gov

PLEASE PRINT

NAME OF COMPANY: _____

SERVICE ADDRESS: _____

SERVICE START DATE: _____ BUSINESS PHONE NUMBER: _____

BILLING MAILING ADDRESS: _____

(IF DIFFERENT)

CITY

STATE

ZIP

OWNER(S) NAME: _____

OWNER 1 PHONE NUMBER: _____ OWNER 2 PHONE NUMBER: _____

FEDERAL TAX ID NUMBER / EIN: _____

FOR INTERNET / ONLINE PAYMENT OPTION AND AUTOMATIC PAYMENT DRAFT:

YES, I consent to enroll in the following: (CHECK ALL THAT APPLY)

eBILL / PAPERLESS BILLING to receive my bills via email

Text message alerts Citywide; Note: information is not shared or sold; City Business Use Only!

EFT / AUTOMATIC PAYMENT DRAFT from my: CHECKING SAVINGS

ROUTING NUMBER: _____ BANK ACCOUNT NUMBER: _____

Initial deposit withdrawn by eCheck / Automatic Payment Draft for a fee of \$.25 cents

ACH CANCELLATION REQUIRES NOTICE 10 DAYS IN ADVANCE

PLEASE NOTE AUTOMATIC PAYMENT DRAFT WILL NOT TAKE PLACE UNTIL THE SECOND BILLING CYCLE

I understand that I am responsible for collection and legal costs associated with pursuit of any delinquent account. I further recognize that to provide a forwarding address upon termination of service may avoid the above costs.

I hereby consent to the jurisdiction of the courts of Rockingham County over any action filed against me for the collection of my account.

The undersigned agrees and recognizes that by signature they enter into contract bound by City Ordinance Title 7 Chapters 1-5 and are obligated to monthly payments.

SIGNATURE: _____

DATE: _____